	_ A	THE PARTY OF THE P		Delbert Hosemann SECRETARY OF STATE
DEDO	Pot	ical Committe	ee	
REPOR	RT OF RECE	PIS AND DI	SBURSEMEN	RECEIVE
	2014	Mudicial Ele	cuon	DECLIVE
Name of Committee Commit	211		Amis	
Address 211 Vick St. 1	Batesville, M	5 38606		Gampaign Finance
Telephone (062-563-00		ax (662) 518-	0022	DATESTAMP
Treasurer Blakely S. Ship	<u> </u>	mail bsshipp@	gmail.com	
Check here if above is di	fferent from previous	report		
	•	TYPE OF REF	PORT	
May 10, 2010 Periodic Re	port (January 1, 2	010, through April	30, 2010)	Mandatory
				Mandatory
July 9, 2010 Periodic Reg	ort (June 1, 2010,	through June 30,	2010)	Mandatory
			•	
October 26, 2010 Pre-Ele	ction Report (Octo	ober 1, 2010, throu	gh October 23, 20	10)Mandstory
November 16, 2010 Pre-F	Runoff Report (Oc	tober 24, 2010, thr	ough November 13	10)Mandatory 3, 2010)Runoff Candidates Mandatory
November 16, 2010 Pre-F January 10, 2011 Periodi Termination Report (Cand	Runoff Report (October	tober 24, 2010, through 5 1, 2010, through 5 accept contributions sutstanding campaig	ough November 13 December 31, 2010 or make campaign	3, 2010)Runoff Candidates
November 16, 2010 Pre-F January 10, 2011 Periodi Termination Report (Cand expense)  (1) Pre-Election reports are mand	Runoff Report (October idate will no longer a ditures and has no o attory, even if no column.	tober 24, 2010, through I 1, 2010, through I accept contributions sutstanding campaig	ough November 13 December 31, 2010 or make campaign in debt obligation)	3, 2010)Runoff Candidates ))Mandatory Required to terminate reporting obligations
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November 16, 2010 Pre-F  January 10, 2011 Periodi  Termination Report (Cand expense)  (1) Pre-Election reports are mand shall submit a report indicatin  (2) Until a Candidate files a Termi Ann. § 23-15-807 (b) (ii) and (ii)  (3) The receiving authority must i	Runoff Report (October idate will no longer a ditures and has no of attory, even if no coing "0" (Zero) for total ination Report, annual receipt of the office must be office must be	tober 24, 2010, through I 1, 2010, through I accept contributions sutstanding campaig <u>IMPORTANT</u> ntributions or expensional amount of reports all and periodic reports to the required reports in actual receipt of	ough November 13 December 31, 2010 or make campaign in debt obligation) anditures have occur d contributions and orts must still be fil	Runoff Candidates  Mandatory Required to terminate reporting obligations  med. In such case, the candidate I expenditures during this period.  led in accordance with Miss. Code
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Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penelties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 19205 or fax to 601-259-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

			Page	of	
Name of Candidate or Committee Committee	ce to Elect 12honda	Mason	Ames		
Reporting period Tune 1,2010	through June				

## ITEMIZED DISBURSEMENTS

The Panolian	Dute (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1616	6/17/10	\$ 25060
City, State, Zip Code BateSuille, MS 38606		5
Purpose of Disbursement (Optional) Political Aunouncement	Aggregate Year-to-date	\$ 250 °P
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	s
City, State, Zip Code		s
Purpose of Dishursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		5
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Yeur-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
Clty, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	tt	\$
City, State, Zip Gode		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s